•	Substitute for form 1449/PT()	-	COMPLETE IF KNOWN		
	INFORMATION	ON DIS	CLOSURE	Application Number	10/561,571	
	PETATEMENT	D37 A D	DI ICANT	Filing Date	June 25, 2004	
/\\ \\	STATEMENT BY APPLICANT			First Named Inventor	James B. Doherty et al.	
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PATE .	<u> </u>	neets as r	iecessary)	Examiner Name	Venkataraman Balasubramanian	
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Examiner Initials*	Cite No.	U.S. Patent Document	Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	

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Examiner Signature Date Considered

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.